STATE (OF CALIF	ORNIA		TRAV	EL EX	PENS	SE CL	AIM		Fe	All Req	uired Receip Services Br				
DEPART SO-27(Rev 6		FOOD	AND AGRICULTURE	Trainii		f-State Trip#	1									
Claimant		A 900 N	S. C. C.		Out-o		ocial Security Number Pas					age of				
A. G. Kawamura Civil Service Classification Bargaining Unit & Designation								XXX-XXXXX					1 1 Telephone Number			
Secretary Statutory								Branch Name Executive Office					916-654-0433			
Residenc	e Address	PO Box	Only is Unacceptable)		Headquarters Address					12.20 22.10.102						
City					1220 N Street					Zip Code						
City Zip Code							City Sacramento					95814				
Month/Year Location					Per Diem						Transportation					
March	2009	D								T				200		
	Time	a t	Where Expenses were In	1		Lunch	Dinner	Incidental	Cost of Trans	y Iolls/ p Parking	Priva	ate car	Business	Total		
Time	Return	e	(Between What Points)	(5)	В	L	D		Trans	p Parking fares	Miles	Amount	Expense	Expenses for day		
Normal F	lours		Remarks or Details and Ex	planation of Busine	as Expenditures	(Attach Vo	uchers/Rece	ipts when requ	uired)							
	to				-											
0800 1700																
Pvt Veh I	JC#			AY												
Rate Clai	med															
0.550 State Vel	per Mile			N.												
					Convention A Approved	ttendance U			Total Revolving Fund Advances for Month				Total Claim			
Signature of Department F								L	· · · · · · · · · · · · · · · · · · ·							
shown we	re for the	official bu	ne above is a tro-statement isiness of the State of Calife cost the minimum rate, I co	ornia. If a privately	owned vehicle v	was used, I l	ave met the	requirements	in SAM, Sec	tion 0754. For m		that all item	s			
Signature of Claimant Date							Signature of Officer Approving Payment					Date				
Accounting Use Only Program					n Use			Accounting Use O								
Line #		FY	-			ction		Object Code		Amount			Γaxable	Taxable		
attestic			100%	A2.00.00	1010									and the opposition of the		
			10070	/												

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